

CC.I The percentage of eligible infants and toddlers with disabilities that are receiving Part C services is comparable to state and national data for the percentage of infants and toddlers with developmental delays.

1. Baseline/Trend Data and Analysis (for reporting period July 1, 2003 through June 30, 2004):

Percent of Missouri Infants and Toddlers with IFSPs*

December 1, 2002	1.33%
June 30, 2003	1.57%
December 1, 2003	1.51%
June 30, 2004	1.67%
December 1, 2004	1.56%

* As percent of 2000 Population Census

National Comparison Ages Birth through 2

	Percent Served*
Missouri (December 1, 2002)	1.33%
National (December 1, 2002)	2.24%
Missouri (December 1, 2003)	1.51%
National (December 1, 2003)	2.18%

Source: US DOE, OSEP, Data Analysis System

Data excludes at-risk children

* As percent of estimated 2002 and 2003 population

Percentage of Population Served as of 12/1/2003 for States with Narrow Eligibility Criteria

State	Percent of Population
Oklahoma	2.24%
Alaska	2.17%
North Dakota	2.13%
Montana	1.95%
Missouri	1.51%
Arizona	1.39%
District of Columbia	1.13%
Nevada	0.94%

While child count numbers in Missouri fluctuate from month to month and have increased over the past several years, the percentage served has leveled off to approximately 1.60% to 1.70% of the population in the last 18 months. While national percentages have declined, Missouri's percentage has increased based on estimated population totals.

Active Infants and Toddlers with an IFSP in Comparison to Census Total as of 6/30/2004

SPOE Regions		Total Active	< 3 yrs Census Total	Active IFSP % of pop.	2002-03 % of pop.	Change	Adjusted Total *			
							Children Withdrawn by Parent*	Adj. IFSP Total	< 3 yrs Census Total	Adj. IFSP % of pop.
St. Louis (Region #2)	Urban	935	51,701	1.81%	1.86%	-0.05%	92	1,027	51,701	1.99%
St. Charles (Region #1)	Urban	249	12,770	1.95%	2.14%	-0.19%	34	283	12,770	2.22%
Atchison area (Region #4)	Rural	19	1,923	0.99%	1.14%	-0.15%	3	22	1,923	1.14%
Platte/Clay/Ray (Region #6)	Near Urban	242	11,888	2.04%	1.84%	0.20%	9	251	11,888	2.11%
Andrew (St. Joseph) (Region #5)	Rural	106	5,317	1.99%	1.60%	0.39%	6	112	5,317	2.11%
SE MO (Region #7, 21, 23)	Rural	204	15,796	1.29%	1.12%	0.17%	36	240	15,796	1.52%
Kirksville (Region #8)	Rural	39	2,632	1.48%	1.22%	0.26%	4	43	2,632	1.63%
Kansas City (Region #9)	Urban	432	27,839	1.55%	1.48%	0.07%	19	451	27,839	1.62%
Sedalia (Region #10)	Rural	74	6,380	1.16%	1.07%	0.09%	16	90	6,380	1.41%
Columbia (Region #11)	Small Urban	179	9,498	1.88%	1.70%	0.18%	5	184	9,498	1.94%
SW MO (Region #12, 14, 15)	Rural	304	19,837	1.53%	1.04%	0.49%	35	339	19,837	1.71%
Springfield (Region #13)	Small Urban	239	13,695	1.75%	1.79%	-0.04%	21	260	13,695	1.90%
Jefferson City (Region #16)	Rural	111	5,872	1.89%	1.43%	0.46%	13	124	5,872	2.11%
Camdenton/Rolla (Region #17)	Rural	71	6,316	1.12%	1.09%	0.03%	17	88	6,316	1.39%
Union (Region #19)	Rural	83	4,408	1.88%	1.70%	0.18%	16	99	4,408	2.25%
Cuba (Region #20)	Rural	29	2,408	1.20%	1.29%	-0.09%	8	37	2,408	1.54%
S Central MO / West Plains (Region #18, 22)	Rural	54	6,554	0.82%	0.67%	0.15%	10	64	6,554	0.98%
N Central MO (Region #24)	Rural	21	2,066	1.02%	1.16%	-0.14%	3	24	2,066	1.16%
Shelby (Region #25)	Rural	33	2,080	1.59%	1.39%	0.20%	5	38	2,080	1.83%
Montgomery City (Region #26)	Rural	75	3,602	2.08%	1.39%	0.69%	12	87	3,602	2.42%
Jefferson County (Region #3)	Near Urban	201	8,486	2.37%	2.45%	-0.08%	25	226	8,486	2.66%
Total		3,700	221,068	1.67%	1.57%	0.10%	389	4,089	221,068	1.85%

* - Children Withdrawn by Parent represents the number of children who had an IFSP but were withdrawn from the First Steps program by their parent; to be counted in this total, the child also had to be less than three years old as of 6/30/2004. The Adjusted IFSP Total is the sum of children with active IFSPs as of 6/30/2004 and the total children withdrawn by parent.

Data show that the majority of SPOE regions have increased the number of children served in the First Steps program. Based on data reviews that began in January 2005, consultants are contacting SPOEs with the lowest percentages served to identify causes for low child count and develop, in cooperation with LICCs and RICCs, a plan for targeted child find activities with referral sources that demonstrate low referral rates. In addition to child count numbers, the above table provides an adjusted total which takes into account children who had been withdrawn from the program after being determined eligible. This adjusted total demonstrates that more children are being located through the program than the child count numbers alone indicate.

Active Infants and Toddlers by Race/Ethnicity

Race	Active IFSPs, 6/30/04	MO Population (0-2 years old)*	Percent of Total IFSPs	Percent of Total Population	IFSP % of MO Population by Race, 6/30/04	IFSP % of MO Population by Race, 6/30/03
American Indian or Alaska Native	13	931	0.35%	0.43%	1.40%	0.54%
Asian/Pacific Islander	69	2,650	1.86%	1.21%	2.60%	2.68%
Black, African American (Not Hispanic)	464	30,392	12.54%	13.92%	1.53%	1.50%
Hispanic/Latino	127	8,749	3.43%	4.01%	1.45%	1.18%
White (Not Hispanic)	3,027	175,567	81.81%	80.43%	1.72%	1.62%
Grand Total	3,700	218,289	100.00%	100.00%		

* Population from 2000 Census

Data show more consistent percentages of the population served by race compared to last year. This demonstrates that children from all races are being identified and evaluated for the program.

Referrals and Eligibility Rate by Race

Race	7/1/2003 to 6/30/2004			Elig. Rate, 2002-03	Change
	FY'04 Referrals	Received IFSPs	Elig. Rate, 2003-04		
American Indian or Alaska Native	12	11	91.67%	71.43%	+20.24%
Asian/Pacific Islander	76	54	71.05%	15.22%	+55.83%
Black, African American (Not Hispanic)	664	353	53.16%	58.98%	-5.82%
Hispanic/Latino	190	118	62.11%	56.88%	+5.23%
White (Not Hispanic)	4,302	2,394	55.65%	61.29%	-5.64%
Grand Total	5,244	2,930	55.87%	56.85%	-0.98%

Eligibility rates by race continue to be fairly consistent across races, especially for the races with the largest populations. Again, this demonstrates that children from all races are being identified and are entering the program in similar proportions. Note: The totals exclude children with unknown race who never received an IFSP.

Count of Referral Sources - All Children Under 3 Years of Age who Received IFSPs

Source	6/30/2004	%	6/30/2003	%	Change
Child Care program/provider	213	5.76%	374	10.76%	-5.00%
Dept. of Health and Senior Services (DHSS)	4	0.11%	2	0.06%	+0.05%
Dept. of Mental Health (DMH)	367	9.92%	926	26.63%	-16.71%
Head Start / Early Head Start	160	4.32%	150	4.31%	+0.01%
Hospital (other than NICU)	296	8.00%	93	2.67%	+5.33%
Missouri School for the Blind (MSB)	2	0.05%	5	0.14%	-0.09%
Missouri School for the Deaf (MSD)	7	0.19%	0	0.00%	+0.19%
Neonatal Intensive Care Unit (NICU)	280	7.57%	49	1.41%	+6.16%
Other health care provider	68	1.84%	56	1.61%	+0.23%
Other LEA program	121	3.27%	453	13.03%	-9.76%
Parent	1,193	32.24%	385	11.07%	+21.17%
Physician (MD, DO, Psychiatrist, Psychologist)	366	9.89%	342	9.84%	+0.06%
Public Health facilities/providers	13	0.35%	5	0.14%	+0.21%
Parents as Teachers	262	7.08%	81	2.33%	+4.75%
Social Service Agency (inc. DFS)	130	3.51%	63	1.81%	+1.70%
Other Referral Source	218	5.89%	493	14.18%	-8.29%
Total	3,700		3,477		

There was a large increase in percent of referrals from parents and the Parents as Teachers program as well as NICUs/hospitals. These are the sources from which the largest number of referrals was expected, so the increase in these referrals demonstrates that there is appropriate public awareness of the program.

Percent of Children Referred and Found Eligible

SPOE Region	7/1/2003 to 6/30/2004			Elig. Rate, 2002-03	Change
	Referrals	Received IFSPs	Elig. Rate, 2003-04		
St. Louis (Region 2)	1,725	682	39.54%	50.88%	-11.34%
St. Charles (Region 1)	387	183	47.29%	50.23%	-2.94%
Other Phase 1 SPOEs (Regions 4, 5, 6)	461	297	64.43%	70.64%	-6.21%
Kansas City (Region 9)	719	371	51.60%	56.61%	-5.01%
Springfield (Region 13)	334	199	59.58%	66.06%	-6.48%
Jefferson County (Region 3)	285	150	52.63%	46.67%	+5.96%
Other Phase 2 SPOEs	2,077	1,048	50.46%	49.15%	+1.31%
Grand Total	5,988	2,930	48.93%	53.47%	-4.54%

Eligibility rates are relatively consistent across SPOEs, with the exception of the larger Phase 1 SPOEs. Those SPOEs have since been rebid, and the new contract requires that the SPOEs establish a Regional Interagency Coordinating Council (RICC). Roles of the RICC include assisting the SPOE with public awareness, child find, and establishing a target child count. The target child count will then be used to evaluate the SPOEs on performance standards.

From April 2004 First Steps Family Survey

Q5: It was easy to learn about First Steps, to find out if my child was eligible for services, and to obtain the early intervention services that are needed for my child and family.

	#	%	State Total	by SPOE: St. Louis (Reg. #2)	All Other SPOEs
Strongly Agree	455	33.07%	83.07%	75.71%	86.00%
Agree	688	50.00%			
Disagree	170	12.35%	16.93%	29.29%	14.00%
Strongly Disagree	63	4.58%			
Total	1376			N=354	N=957

Family survey data show that there is some variance in agreement with the statement that it was easy to learn about First Steps however this survey data includes many parents who have been in the system for more than two years. The most significant disagreement with this question came from the original St. Louis SPOE which has since been re-bid, and is now under new management. In addition to the change in contractors, the new contract requires establishment of Regional Interagency Coordinating Councils (RICC) which assist the SPOEs in public awareness and child find activities. A more positive response to this question is expected on future surveys.

Child Complaint Data

There were no child complaints in this area during 2003-04.

Future Plans for Data Collection

- Provider and LEA surveys will indicate if providers or LEAs are finding potentially eligible children who had not been referred to the program. A provider survey is currently in development and is planned to be distributed in Spring 2005. The LEA survey is planned to be developed and distributed in Summer/Fall of 2005.
- The webSPOE system will include much more rich and comprehensive data on referrals and application of eligibility criteria. Expected implementation is Spring/Summer 2005.

The Division is currently working with the Department of Health and Senior Services' Birth Defects Registry to attempt to determine an appropriate incidence rate for Missouri. This effort, combined with the following, suggest that Missouri is in compliance with child find requirements:

- Missouri's child count was consistently growing, but has now reached a plateau
- Referral source data suggests that the public is aware of the program
- Eligibility and participation data is relatively consistent across races and SPOEs
- RICCs have been established in Phase 1 SPOEs to assist with child find and public awareness and will likely be established in other areas when the rest of the state is rebid

2. Targets (for reporting period July 1, 2003 through June 30, 2004):

The target established in conjunction with the Improvement Plan (7/1/2003) for December 2003 child count was 1.55%. Additional targets were included for future years, however, the numerical targets have been removed.

3. Explanation of Progress or Slippage (for reporting period July 1, 2003 through June 30, 2004):**From DESE's October 31, 2004 response to OSEP**

- *Child Find*

Since Missouri has a restrictive eligibility criteria (50% delay), many children referred to the SPOEs are found to be ineligible. Missouri child find data continues to show that same trends as was reported in the APR. The three (3) new Phase I SPOEs will have initial Regional Interagency Coordinating Council (RICC) meetings during November. Targeted child find plans are required to be developed by the SPOE in consultation with the RICC. In addition to the information reported in the Annual Performance Report (APR), Missouri currently has a RFP out for bid to have a statistical analysis of the census data, Missouri First Steps Eligibility Criteria, Birth Defects registry, and Newborn hearing data to determine an appropriate incidence rate for Missouri based upon our current eligibility criteria.

When Missouri redesigned the Part C system from 1997-2001, it undertook a significant statewide child find training effort by educating primary referral sources on eligibility requirements and referral procedures. Referral source data suggests that the public is aware of the program and eligibility and participation data is relatively consistent across races and SPOEs. Most of Missouri's child find efforts occur at the regional level. Specific activities include maintenance of SPOE-Hospital/NICU relationships, targeted child find activities at the RICC and SPOE/LICC level through data analysis assisted by First Steps Consultants.

DESE received during 2003-2004 information indicating statewide concern with the quality of referrals received from Parent Educators. Actions to address this concern are described below. Additionally, specific concerns identified regarding Parent Educators in SPOE regions are addressed through collaborative efforts coordinated by the First Steps Consultants.

Finally, in 2004-2005, the CSPD committee will convene to examine areas where training is needed, considering primary referral source training needs in particular. Needs identified will be addressed during FY06.

Report on the RICC meetings from Phase 1

The St. Louis County SPOE has been having monthly RICC meetings. The initial focus has been the proposed changes in First Steps/budget issues as well as getting established as a group. Discussion included initiating public awareness activities, developing a family resource guide to access services available in the community regarding assistive technology, Social Services and support groups, and evaluating and making recommendations regarding child find activities. In regard to child find, they have been concentrating efforts in educating the local school districts, hospitals, PAT offices and community agencies (i.e. Head Start programs) with information about First Steps, the changes to the SPOE region and having in-depth conversations with these entities about eligibility criteria and making appropriate referrals.

The Northwest SPOE's RICC and LICCs have primarily focused on the possible changes to and advocacy for the First Steps program. Child find efforts include contacting community members and distributing flyers in baby bags that go home with each new baby born in the larger city area.

The Greater St. Louis SPOE's RICC also has been focusing on advocacy concerning the program. In addition, child find is being done through education of referral sources such as PAT, NICU staff, newborn follow-up clinics, schools for deaf education, ECSE departments, pediatrician and medical clinic offices, visibilities at conferences/seminars focusing on children's needs or needs of those with disabilities or developmental delay, child care/development centers, Early Head Start programs/DFS offices, adoption agencies, resource tables at child care fairs, and presentations at support groups for children with disabilities or special needs.

Interagency Work

The Department of Mental Health (DMH) interagency agreement requires Regional Centers to assist with child find. Discussions are currently underway with the Department of Health and Senior Services (DHSS) regarding a memorandum of understanding regarding CAPTA referrals. Discussions are also underway with DHSS regarding revision to the interagency agreement and revised activities regarding the newborn hearing screening program.

Parents as Teachers (PAT)

Three activities will be completed in 2004-05 with regard to improving the quality of referrals from PAT parent educators to the Part C system.

DESE will fund 50 scholarships for parent educators to attend the Parents as Teachers National Center's training on Supporting Families of Children with Special Needs. Over the years, many districts and parent educators have participated in this training, which includes information or presentation from Part C personnel on making quality referrals to the Part C system.

DESE and the PATNC will collaborate to update and disseminate PAT's Missouri Resource Packet, which includes written resource materials on appropriate referrals to Part C, the Part C eligibility criteria, and Part C philosophy.

Finally, DESE will use SIG funds to bring together a workgroup of stakeholders in the Part C and Early Childhood Special Education (ECSE) systems to revise and expand the Part C Transition training, so that it better encompasses and addresses children's transition from Part C services to ECSE or community-based services. This training will be placed online and made available for parents, community-based service personnel (child care centers, preschools), school staff (ECSE, Title I, PAT), and administrative parenting entities (MPACT, Early Head Start, Practical Parenting Partnership).

4. Projected Targets:

- All eligible infants and toddlers will be identified, including those in hard to reach and historically underserved populations
- Work with DHSS Birth Defects Registry to determine appropriate participation for Missouri's children with diagnosed medical conditions

5 & 6. Future Activities to Achieve Projected Targets/Results and Projected Timelines and Resources:

New Cluster/ Probe	Future Activities to Achieve Projected Targets (5)	Projected Targets/ Evidence of Change (4)	Projected Timelines (6)	Resources (6)
CC.I CC.II	Meet with DHSS, DSS/DMS, DMH to revise interagency agreement	An updated agreement	2004-05	DSE
CC.I CC.II	Public Awareness/Child Find	Referrals to IFSP percentage of 80% or higher	Ongoing	EP, Data, RICCs
CC.I CC.II	Target specific racial/ethnic groups to promote referrals from diverse populations	Referrals consistent with racial demographics	Ongoing	Data, SPOEs, RICCs
CC.I CC.II	Activities to target critical referral sources (medical, PAT, etc.)	Referrals consistent with DHSS Birth Defects Report	Ongoing	EP, RICCs
CC.I CC.II	General supervision data review and referrals to consultants	Consistent percentages served across all regions	Ongoing	DSE
CC.I CC.II	Establish RICCs in conjunction with SPOE rebid	RICCs established in all regions and assurance of the identification of all eligible infants and toddlers	2004-05	DSE